



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION 6 SITE NUMBER (to be assigned by HQ) OK 04758

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System: Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

OKD000764779

A. SITE NAME Western Co. of North America		B. STREET (or other identifier) 701 North 48th Street	
C. CITY Woodward	D. STATE OK	E. ZIP CODE 73801	F. COUNTY NAME Woodward
G. SITE OPERATOR INFORMATION 1. NAME Barry Shadid		2. TELEPHONE NUMBER 405-256-3335	
3. STREET 701 N. 48th St.	4. CITY Woodward	5. STATE OK	6. ZIP CODE 73801
H. REALITY OWNER INFORMATION (if different from operator or site) 1. NAME Western Co. of North America		2. TELEPHONE NUMBER 817-731-5100	
3. CITY Fort Worth	4. STATE TX	5. ZIP CODE 76107	
I. SITE DESCRIPTION The company has oil well conditioning equipment and chemicals on site and has been operating since 1979.			

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.).	B. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE
C. PREPARER INFORMATION 1. NAME Philip E. Sumner, Jr.	
2. TELEPHONE NUMBER 214-742-6601	3. DATE (mo., day, & yr.) March 5, 1985

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION 1. NAME Philip E. Sumner, Jr.		2. TITLE FIT Civil Engineer
3. ORGANIZATION Ecology And Environment, Inc. 1509 Main St. Dallas, TX 75201		4. TELEPHONE NO., area code & no. 214-742-6601

B. INSPECTION PARTICIPANTS		
1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Deborah Vaughn	Ecology and Environment, Inc.	214-742-6601

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)		
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Barry Shadid	Operations Supervisor 405-256-3335	701 North 48th St. Woodward OK
SUPERFUND FILE		
AUG 31 1992		
REORGANIZED		

Reviewed by 6AW-SC
date 4/2/85

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (source of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
N/A			

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
N/A			

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
N/A		

G. DATE OF INSPECTION

(mo., day, & yr.)

5/4/83

H. TIME OF INSPECTION

1:00 p.m.

I. ACCESS GAINED BY: (credentials must be shown in all cases)



1. PERMISSION



2. WARRANT

J. WEATHER (describe)

Clear; warm; 85°F

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark "X")	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL	X(1)	EPA Houston Lab 6608 Hornwood Drive Houston, TX 77074 Attn: Dr. Langley	2-25-85
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
None		

IV. SAMPLING INFORMATION (continued)			
C. PHOTOS 1. TYPE OF PHOTOS <input checked="" type="checkbox"/> a. GROUND <input type="checkbox"/> b. AERIAL		2. PHOTOS IN CUSTODY OF: EPA Region VI (attached)	
D. SITE MAPPED? <input checked="" type="checkbox"/> YES. SPECIFY LOCATION OF MAPS: Map and site sketch attached			
E. COORDINATES 1. LATITUDE (deg.-min.-sec.) 36°26'32" N		2. LONGITUDE (deg.-min.-sec.) 99°26'47" W	
V. SITE INFORMATION			
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):			
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):			
C. AREA OF SITE (in acres) 20		D. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): 4 buildings total	
VI. CHARACTERIZATION OF SITE ACTIVITY			
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.			
X	A. TRANSPORTER	X	B. STORER
X	C. TREATER	X	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM/PHYS/TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	
E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.			
<input type="checkbox"/> 1. STORAGE	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 3. LANDFILL	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. CHEM/BIO/PHYS TREATMENT	<input type="checkbox"/> 6. LANDFARM	<input type="checkbox"/> 7. OPEN DUMP	<input type="checkbox"/> 8. DEEP WELL
<input type="checkbox"/> 9. TRANSPORTER	<input type="checkbox"/> 10. RECYCLOR/RECLAIMER		
VII. WASTE RELATED INFORMATION			
A. WASTE TYPE <input checked="" type="checkbox"/> 1. LIQUID <input type="checkbox"/> 2. SOLID <input type="checkbox"/> 3. SLUDGE <input type="checkbox"/> 4. GAS			
B. WASTE CHARACTERISTICS <input type="checkbox"/> 1. CORROSIVE <input type="checkbox"/> 2. IGNITABLE <input type="checkbox"/> 3. RADIOACTIVE <input type="checkbox"/> 4. HIGHLY VOLATILE <input type="checkbox"/> 5. TOXIC <input type="checkbox"/> 6. REACTIVE <input type="checkbox"/> 7. INERT <input type="checkbox"/> 8. FLAMMABLE			
<input checked="" type="checkbox"/> 9. OTHER (specify): Water that has some oil in it.			
C. WASTE CATEGORIES 1. Are records of wastes available? Specify items such as manifests, inventories, etc. below. No			

VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
(1) PAINT, PIGMENTS	(1) OILY WASTES	(1) HALOGENATED SOLVENTS	(1) ACIDS	(1) FLYASH	(1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) PCPW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMELTING WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')				3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	d. FOG	e. MED.	f. LOW	g. NONE				
Phenols		X						None	0.75-0.95	ppm	
Di-n-butyl phthalate		X						84-74-2	24	ppb	
Bis(2-ethyl hexyl)phthalate		X						117-81-7	6	ppb	

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE☐ C. WORKER INJURY/EXPOSURE☐ D. CONTAMINATION OF WATER SUPPLY☐ E. CONTAMINATION OF FOOD CHAIN☐ F. CONTAMINATION OF GROUND WATER☐ G. CONTAMINATION OF SURFACE WATER

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☐ K. NOTICEABLE ODORS☐ L. CONTAMINATION OF SOIL☐ M. PROPERTY DAMAGE

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☒ U. OTHER (specify):

The company's business is conditioning oil wells that are being drilled. The company has been in operation since 1979. The equipment and materials that they use are stored on site. These materials include storage of acid in bulk and sacks of dry chemicals. These chemicals are used for their work but not on site. The only wastes generated on site are from the truck washing area. The trucks are washed in a special area where all runoff water is collected. The wash water goes directly to a separator where oils are removed and then to the impoundment area. The impoundment was built the same time the rest of the site was built. The separator is emptied by J&R Transport and is sent to a disposal well. Overall the facility is very cleanly operated.

Soil samples taken off-site during this inspection did not indicate any elevated levels of inorganics. The extractable organics that did show up are not in sufficient quantities to pose a hazard to the surrounding environment. Therefore, no further action is recommended by the FIT.

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	20	20	5	1/4 mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	200	200	10	1/4 mile
3. IN PUBLICLY TRAVELLED AREAS	200	200	0	1/4 mile
4. PUBLIC USE AREAS (parks, schools, etc.)	0	0	0	1/4 mile

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) approx. 15-25 ft.	B. DIRECTION OF FLOW Northeasterly	C. GROUNDWATER USE IN VICINITY agricultural
D. POTENTIAL YIELD OF AQUIFER 150-300 gpm	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) 3 miles	F. DIRECTION TO DRINKING WATER SUPPLY east southeast
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS	<input checked="" type="checkbox"/> 2. COMMUNITY (specify town): > 15 CONNECTIONS	35 wells 3-5 miles North of town in the terrace deposit 60 ft. deep-30 wells 5-12 miles SW of town in the Ogallala formation 300-400 ft. deep.
<input type="checkbox"/> 3. SURFACE WATER	<input checked="" type="checkbox"/> 4. WELL	

X. WATER AND HYDROLOGICAL DATA (continued)				
1. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE				
1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
None				

1. RECEIVING WATER

1. NAME: North Canadian River

☐ 2. SEWERS ☒ 3. STREAMS/RIVERS

☒ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify): _____

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS:
Public and Private water supply, fish and wildlife propagation, agriculture, M&I cooling water, primary recreation, secondary recreation and aesthetics.

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☐ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☐ E. A REGULATED FLOODWAY ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

A. OVERBURDEN	B. BEDROCK (specify below)	C. OTHER (specify below)
<input checked="" type="checkbox"/> 1. SAND	<input checked="" type="checkbox"/> Rush Springs Formation	
<input checked="" type="checkbox"/> 2. CLAY		
<input checked="" type="checkbox"/> 3. GRAVEL		

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN ☐ B. VERY HIGH (100,000 to 1000 cm/sec.) ☐ C. HIGH (1000 to 10 cm/sec.)

☐ D. MODERATE (10 to .1 cm/sec.) ☒ E. LOW (.1 to .001 cm/sec.) ☐ F. VERY LOW (.001 to .00001 cm/sec.)

3. RECHARGE AREA

☐ 1. YES ☒ 2. NO 3. COMMENTS:

4. DISCHARGE AREA

☐ 1. YES ☒ 2. NO 3. COMMENTS:

1. SLOPE

1. ESTIMATE % OF SLOPE 2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

1% Northeast

2. OTHER GEOLOGICAL DATA

Rush Springs Formation is an orange-brown fine grained sandstone, commonly cross-bedded, with interbedded red-brown shale, silty shale, and gypsum beds. Water is derived mostly from the Whitehorse group, the Cedar Hills Sandstone of the Reno Group and from some alluvial and terrace deposits.

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
None							

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

1
5
b
b

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary.

1. TYPE OF IMPOUNDMENT

Surface impoundment that is unlined

2. STABILITY/CONDITION OF EMBANKMENTS

Excellent. The area is well maintained

3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.)

☐ YES ☒ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE

☐ YES ☒ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT

☒ YES ☐ NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT

☐ YES ☒ NO No records exist

7. IMPOUNDMENT HAS LINER SYSTEM

☐ YES ☒ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED

☐ YES ☐ NO N/A

7b. FINDINGS

N/A

8. SOIL STRUCTURE AND SUBSTRUCTURE

Soil in the area has a high clay content.

9. MONITORING WELLS

☐ YES ☒ NO

10. LENGTH, WIDTH, AND DEPTH

LENGTH 80 ft. WIDTH 80 ft. DEPTH 3 ft.

11. CALCULATED VOLUMETRIC CAPACITY

19,200 ft³

12. PERCENT OF CAPACITY REMAINING

70%

13. ESTIMATE FREEBOARD

2 ft.

14. SOLIDS DEPOSITION

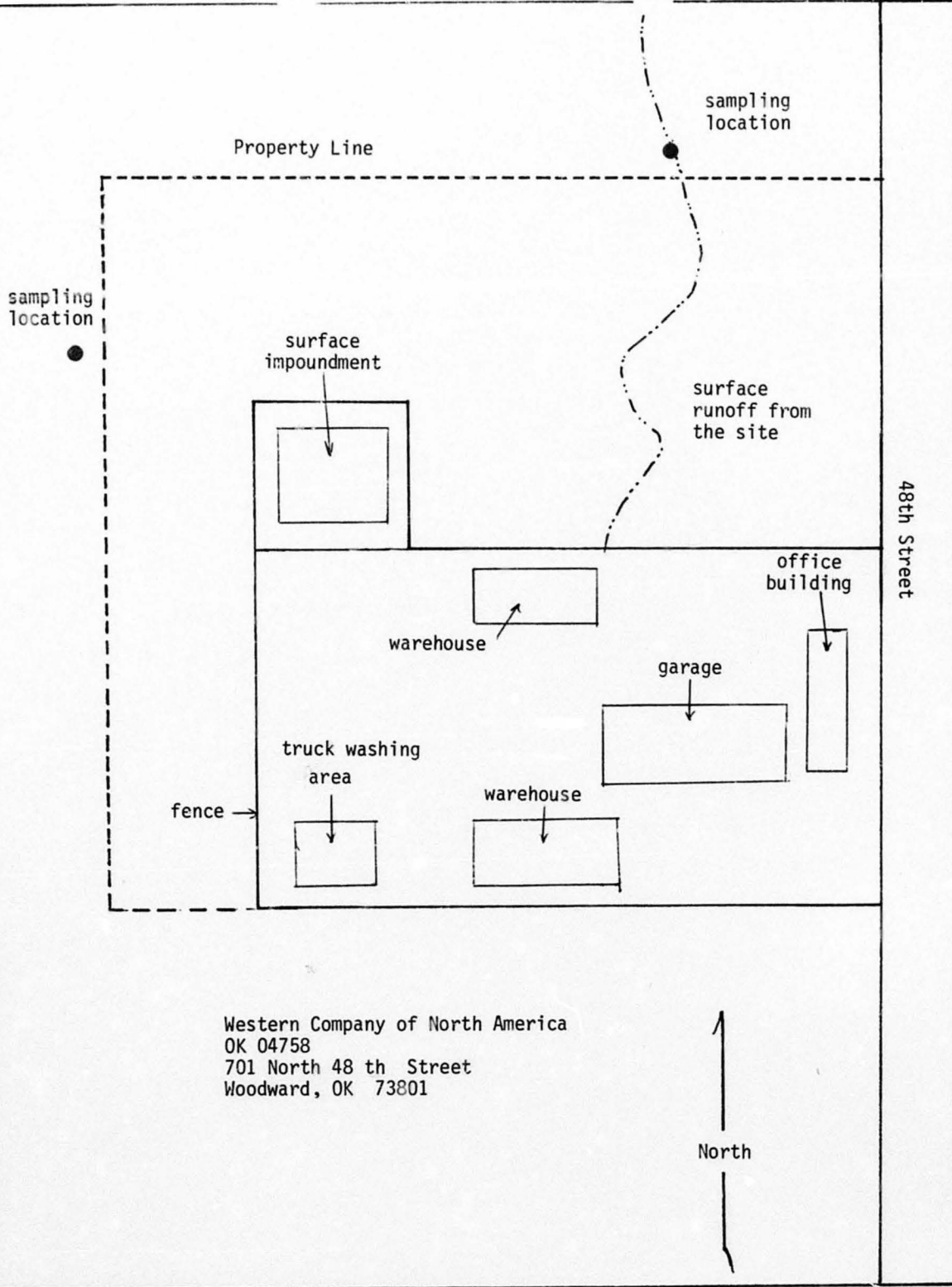
☐ YES ☒ NO

15. DREDGING/ DISPOSAL METHOD

--

16. OTHER EQUIPMENT

The impoundment is completely fenced off by a six foot chain link fence. When the trucks are washed, the wash water drains into a storage pit and then passes through an oil/water separator. The cleaned water is pumped to the impoundment.



51519



Photographer / Witness

Philip Schumacher

Date / Time / Direction

6/6/83 200 pm SE

Comments: Offsite sampling
location #1 northwest
of site

Photographer / Witness

Date / Time / Direction

Comments:



Photographer / Witness

Philip Schumacher

Date / Time / Direction

6/6/83 205 pm North

Comments: sampling location
number #2 North
of site



Photographer / Witness

Philip Chumney

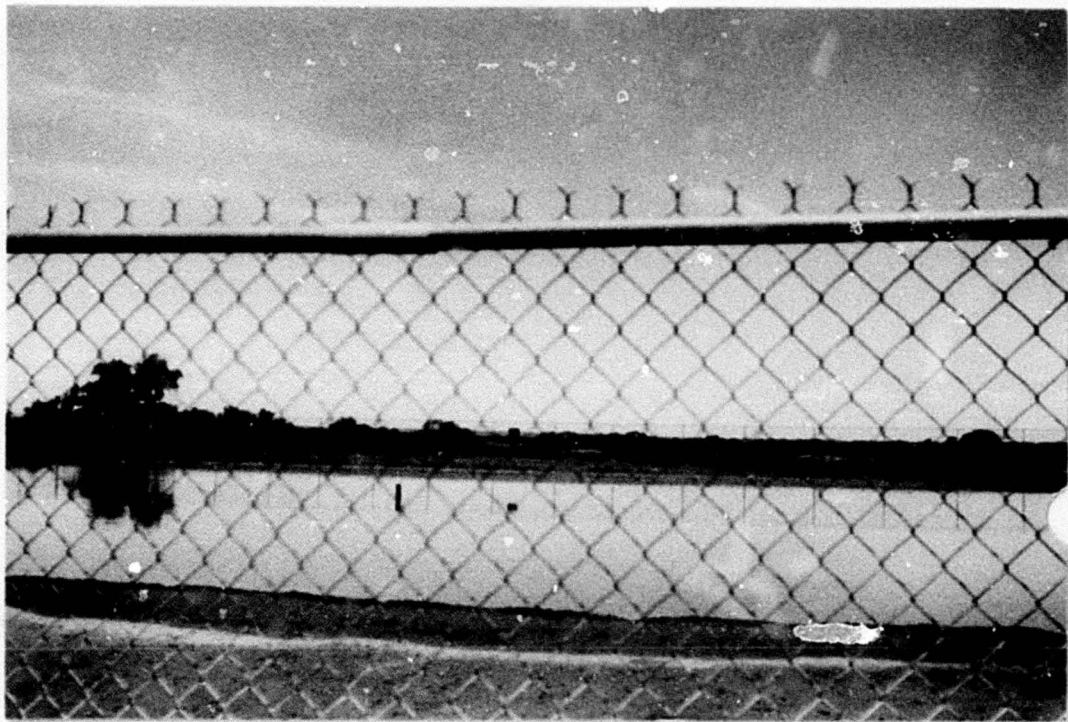
Date / Time / Direction

6/6/83 200pm

← *West-North* →

Comments:

surface impoundment





SITE NAME/CODE: Western Co. of North America
OK 94758

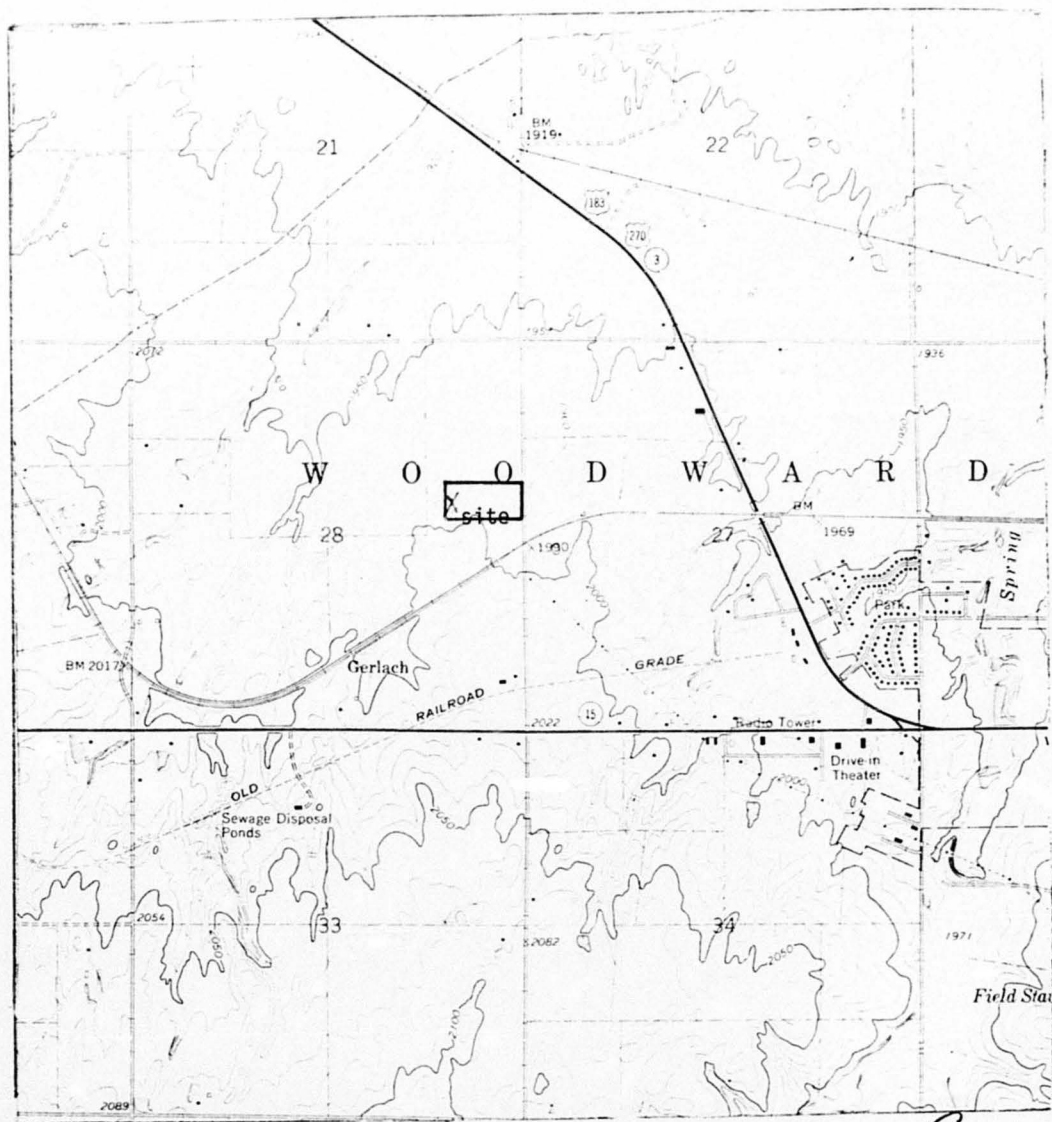
1/30/85

TABLE I . INORGANIC ANALYSIS SUMMARY

Page 1 of 1CASE NUMBER: Houston EPA LabSITE NAME/CODE: Western Co. of North America
OK 04758

PARAMETER	CONCENTRATIONS (ppm)										Ambient Background 1.	
	TAG 6-6973	TAG 6-6974	TAG 6-6975								Western U.S. 2.	Eastern U.S. 2.
Matrix Type	Soil	Soil									Soil	Soil
Aluminum											58,000	33,000
Antimony											.47	.52
Arsenic	1.78	1.53									5.5	4.8
Bismuth											580	290
Barium											0.68	0.55
Cadmium											<1	<1
Chromium	12.7	14.2									41	33
Cobalt											7.1	5.9
Copper	2.45										21	13
Iron											21,000	14,000
Lead	8.89	11.5									17	14
Manganese											380	260
Mercury											0.046	0.081
Nickel	10.9	10.4									15	11
Selenium	1.33	1.4									.23	.30
Silver											-	-
Thallium											9.1	7.7
Tin											.90	.96
Vanadium											70	43
Zinc	27.6	32.9									55	40
Uranium												
Station No.	01	02	Blank								1. Values obtained from "Element Concentrations in Soils and Other Surface Materials of the Conter- minous United States", dated 1984. U.S.G.S. Professional Paper 1270. 2. Reference for East/West Division is the 96°W long- itudinal line which bisects Region VI.	
Sample Station Location												

2/12/85



SCALE 1:24 000

1 MILE

1000 0 1000 2000 3000 4000 5000 6000 7000 FEET

1 5 0 1 KILOMETER

CONTOUR INTERVAL 5 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

REGION 6
First International Building
1201 Elm Street
Dallas, Texas 75270

[illegible]

6- 1202

**FEDERAL
EXPRESS**PLEASE COMPLETE ALL INFORMATION IN THE 5 BLOCKS OUTLINED IN ORANGE
SEE BACK OF FORM SLIP FOR COMPLETE PREPARATION INSTRUCTIONS

AIRBILL NUMBER

YOUR FEDERAL EXPRESS ACCOUNT NUMBER 752-9848-2		DATE 6/14/83	
FROM (Your Name) Philip Samme		TO (Recipient's Name) A. Longley	
COMPANY ECOLOGY & ENVIRONMENT INC		COMPANY A. Longley	
DEPARTMENT/FLOOR NO		DEPARTMENT/FLOOR NO 21	
STREET ADDRESS 1309 MAIN ST STE 814		STREET ADDRESS (P.O. BOX NUMBERS ARE NOT DELIVERABLE) 6603 Hornwood Drive	
CITY DALLAS		CITY Hornwood Drive	
STATE TX		STATE	
ZIP 75201		ZIP 75201	

AIRBILL NO. **0138655414**ZIP ACCURATE ZIP CODE REQUIRED
FOR CORRECT INVOICINGIN TENDERING THIS SHIPMENT, SHIPPER AGREES THAT
F.E.C. SHALL NOT BE LIABLE FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING FROM
CARRIAGE HEREOF. F.E.C. DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, WITH
RESPECT TO THIS SHIPMENT. THIS IS A NON-NEGOTIABLE
AIRBILL SUBJECT TO CONDITIONS OF CONTRACT SET FORTH
ON REVERSE OF SHIPPER'S COPY. UNLESS YOU DECLARE A
HIGHER VALUE, THE LIABILITY OF FEDERAL EXPRESS CORPORATION IS LIMITED TO \$100.00.ZIP ACCURATE ZIP CODE REQUIRED
FOR OVERNIGHT DELIVERY

YOUR NOTES/REFERENCE NUMBERS (FIRST 12 CHARACTERS WILL ALSO APPEAR ON INVOICE)

REASON R 20-4304-27
PAYMENT ☐ Bill Shipper ☐ Bill Recipient's F.E.C. Acct. ☒ Bill 3rd Party F.E.C. Acct. ☐ Bill Credit Card
☐ Cash in Advance Account Number/Credit Card Number **0200-7751-4**

SERVICES CHECK ONLY ONE BOX	DELIVERY AND SPECIAL HANDLING CHECK SERVICES REQUIRED	PIECES	WEIGHT	DECLARED VALUE	O/S
<input checked="" type="checkbox"/> PRIORITY ONE (P-1) <input type="checkbox"/> OVERNIGHT PACKAGES 6 <input type="checkbox"/> <input checked="" type="checkbox"/> COURIER PAY 7 <input type="checkbox"/> 2 <input type="checkbox"/> OVERNIGHT ENVELOPE (up to 2 LBS.) 8 <input type="checkbox"/> 3 <input type="checkbox"/> OVERNIGHT BOX (up to 5 LBS.) 9 <input type="checkbox"/> 4 <input type="checkbox"/> OVERNIGHT TUBE (up to 5 LBS.) STANDARD AIR 5 <input type="checkbox"/> DELIVERY 2ND BUSINESS DAY FOLLOWING PICK UP	1 <input type="checkbox"/> HOLD FOR PICK-UP AT FOLLOWING FEDERAL EXPRESS LOCATION SHOWN IN SERVICE GUIDE 2 <input checked="" type="checkbox"/> DELIVER 3 <input type="checkbox"/> SATURDAY SERVICE REQUIRED (See reverse (extra charge applies for delivery)) 4 <input type="checkbox"/> RESTRICTED ARTICLES SERVICE (P-1 and Standard Air Packages only, extra charge) 5 <input type="checkbox"/> SSG (Signature Security Service required, extra charge applies) 6 <input type="checkbox"/> DRY ICE _____ LBS. 7 <input type="checkbox"/> OTHER SPECIAL SERVICE 8 <input type="checkbox"/> 9 <input type="checkbox"/>	15	15		
RECEIVED AT SHIPPER'S DOOR <input type="checkbox"/> REGULAR STOP <input type="checkbox"/> ON CALL STOP <input checked="" type="checkbox"/> F.E.C. LOC. Federal Express Corporation Employee No. 20143 DATE/TIME For Federal Express Use 6/15					

"OVERNIGHT" IS DEFINED AS NEXT BUSINESS DAY
(MONDAY THROUGH FRIDAY). SEE SPECIAL
HANDLING FOR SATURDAY DELIVERY.

FEDERAL EXPRESS USE	
AGT/PRO	ADVANCE ORIGIN
AGT/PRO	ADVANCE DESTINATION
OTHER	
TOTAL CHARGES	
PART # 2041734049 REVISION DATE 5-15-80 PRINTED USA	

SHIPPER'S COPY